



85 7<sup>th</sup> Place East, Suite 500  
St. Paul, Minnesota 55101-2198  
ATTN: Licensing Division

UTILIZATION REVIEW ORGANIZATIONS  
FILING CRITERIA;  
REGISTRATION INSTRUCTIONS, APPLICATION  
OWNERSHIP DISCLOSURE FORM, AND MEDICAL  
NECESSITY ANNUAL REPORT FORMAT

## Registration Instructions

- 1) Non-licensed Utilization Review Organizations (URO) must register with the Commissioner of Commerce and certify compliance with Minn. Stat. §62M. 01 – 62M.16. Non-licensed URO's are defined in Minn. Stat. §62M.03, Subd. 2. Please include the certification language in your cover letter, i.e., "I certify that I have consulted the requirements of Minn. Stat. §62M.01 – 62M.16, and the filing is in compliance with all applicable requirements."
- 2) Submit your written clinical criteria and/or Manual of Operations to the address listed above. See Statutory Requirements for registration of URO's. Filing Fee: \$1,100 (initial registration, and upon renewal). The fee includes a 10% OET surcharge, which is being collected on behalf of the Minnesota Office of Enterprise Technology to fund a statewide electronic licensing system. The registration is effective for two years and may be renewed for another two years by written request. Indicate which utilization review service you provide or plan to provide. Also include a list of names and addresses of all Minnesota businesses for which you provide utilization review services.
- 3) The application and all attachments are considered to be public information as defined in Minn. Stat. §13.01 through Minn. Stat. §13.09. If you believe that any information contained in the form or any attachment is not public, you must cite the specific legal basis for this belief in accordance with Minn. Stat. §13.37, Subd. 1(b).
- 4) The Commissioner of Commerce must receive the completed application in the manner set forth in the attachment. Incomplete applications may cause delay in the review and approval process. **New Registrants:** New Utilization Review Organizations may NOT perform utilization review services for Minnesota residents until approval has been granted.
- 5) Each utilization review organization registered under Minn. Stat. §62M shall notify the Commissioner of Commerce within 30 days of any change in the name, address, or ownership of the organization. This includes any post registration changes of information contained in this application or in your company.
- 6) A utilization review organization shall file a medical necessity report due annually by April 1<sup>st</sup> to the Commissioner of Commerce that includes: (1) per 1,000 reviews, the number and rate of reviews denied based on medical necessity for each procedure or service; and (2) the number and rate of denials overturned on appeal.

Questions – please contact Mary Lou Houde 651-296-8592

## Statutory Requirements

### Application For Nonlicensed Utilization Review Organizations (Uro's)

**In accordance with Minn. Stat. §62M.04 Subdivision 2 and 3,** certify that you are in compliance with information upon which utilization review is conducted and with all data elements.

**In accordance with Minn. Stat. §62M.05 (Procedures to Review Determination). Subdivision 1. Written procedures.** A utilization review organization must have written procedures to ensure that reviews are conducted in accordance with the requirements of this chapter. Provide your written procedures for items listed:

		<u>Reference Manual Page No.</u>
Subdivision 2	Concurrent review; ____	_____
Subdivision 3	Notification of determinations; ____	_____
Subdivision 3a	Standard review determinations; ____	_____
Subdivision 3b	Expedited review determinations; ____	_____
Subdivision 4	Failure to provide necessary information; and	_____
Subdivision 5	Notification to claims administrator.	_____

**In accordance with Minn. Stat. §62M.06 (Appeals of Determinations Not to Certify). Subdivision 1. Procedures for appeal.** A utilization review organization must have written procedures for appeals of determinations not to certify. The right to appeal must be available to the enrollee and to the attending health care professional. Provide your written procedures for items listed:

		<u>Reference Manual Page No.</u>
Subdivision 2	Expedited appeal; ____	_____
Subdivision 3	Standard appeal; ____	_____
Subdivision 4	Notification to claims administrator.	_____

**In accordance with Minn. Stat. §62M.07 (Prior Authorization of Services)** Utilization review organizations conducting prior authorization of services must have written standards that meet at a minimum the following requirements. Provide your written procedures for items listed under (1) through (5).

	<u>Reference Manual Page No.</u>
(1) Criteria used to determine whether care is appropriate, reasonable, or medically necessary; ____	_____
(2) A system for providing prompt notification of determinations and appeal procedures under clause (4); ____	_____
(3) Compliance with section 62M.05, Subd. 3a and 3b, regarding time frames for approving and disapproving prior authorization requests; ____	_____
(4) Appeals of denials of prior authorization which specify the responsibilities of the enrollee and provider; ____	_____
(5) Ensuring confidentiality of patient-specific information; ____	_____

**In accordance with Minn. Stat. §62M.08 (Confidentiality). Subdivision 1. Written procedures to ensure confidentiality.**

A utilization review organization must have written procedures for ensuring that patient-specific information obtained during the process of utilization review will be. Provide your written procedures for items (1) through (3).

Reference Manual Page No.

**In accordance with Minn. Stat. §62M.09 (Staff and Program Qualifications; Annual Report).**

Describe your procedures as set forth in Subdivision 1 through Subdivision 8. Reference Manual Page No.

**In accordance with Minn. Stat. §62M.10 (Accessibility and On-Site Review Procedures).**

Describe your procedures as set forth in Subdivision 1 through Subdivision 7. Reference Manual Page No.

**STATE OF MINNESOTA**  
**UTILIZATION REVIEW ORGANIZATION**  
**OWNERSHIP DISCLOSURE FORM**

Legal Name of Utilization Review Organization:

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Doing Business As:

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Type of Business Organization of Utilization Review Organization:

EIN # \_\_\_\_\_

☐

Sole Proprietorship

Name and address of owner:

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Partnership

Name and address of partnership:

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Name and Title of Partners

Address

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☐ Corporation

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
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\_\_\_\_\_

Officers Name and Title	Address
_____	_____
_____	_____
_____	_____
_____	_____

Directors Name and Title	Address
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Identify any subsidiaries or other spin off organizations of your organization which performs utilization review in Minnesota:

Name	Address	% Owned
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

[illegible]

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